



**California State Lands Commission
Ballast Water Treatment Supplemental Reporting Form
Public Resources Code Section 71205(g)**

July 1, 2010

ALL VESSELS MUST ALSO SUBMIT BALLAST WATER REPORTING FORM

IS THIS AN AMENDED REPORTING FORM? Yes No

Vessel Information

Voyage Information

Vessel Name:	Arrival Port:
Official/IMO Number:	Arrival Date (DD/MM/YYYY):

Ballast Water Treatment

1. Did the treatment system experience any malfunction that affected the treatment of ballast water to be discharged at this arrival port?

Yes , please provide the following information:

Date of malfunction (DD/MM/YYYY): _____

Explain the malfunction: _____

If applicable, how was the situation resolved? _____

No

2. Ballast Water Treatment History. Provide information for all ballast tanks that will be discharged at arrival port. Enter additional tanks on page 2. One tank per line. If none, go to Question #3.

Tanks/ Holds	BW Source			BW Discharge			BW Treatment		
	Date (DD/MM/YY)	Port/ <u>or</u> Lat-Long	Volume (Units)	Date (DD/MM/YY)	Port/ <u>or</u> Lat-Long	Volume (Units)	Date of 1st treatment (DD/MM/YY)	Date 2nd treatment (if applicable) (DD/MM/YY)	Volume Ballast Treated (Units)

Ballast Water Tank Codes: Forepeak = FP, Aftpeak = AP, Double Bottom = DB, Wing = WT, Topside = TS, Cargo Hold = CH, Other = O

**California State Lands Commission
Marine Invasive Species Program
Ballast Water Treatment Supplemental Reporting Form
Public Resources Code Section 71205(g)
July 1, 2010**

Instructions for Completing Supplemental Reporting Form

Text of Modified Regulations

The Commission has illustrated changes to the original text noticed to the public in the following manner: deletions from the language originally proposed are indicated using strikeout; and additions to the language originally proposed are double-underlined.

REMINDER: ALL VESSELS MUST SUBMIT BALLAST WATER REPORTING FORM

**BALLAST WATER TREATMENT SUPPLEMENTAL REPORTING FORM TO BE SUBMITTED
Upon departure from each port or place of call in California ONLY IF:**

- **Ballast Water Was Treated; AND**
- **Ballast Water Was Discharged Into California Waters**

Vessels that have ballast water treatment systems and discharge treated ballast into California waters must also annually submit:

**Ballast Water Treatment Annual Reporting Form
SUBMIT THE COMPLETED FORM(S) TO:**

California State Lands Commission
Marine Facilities Division
200 Oceangate, Suite 900
Long Beach, CA 90802
FAX: 562-499-6444
Email: bwform@slc.ca.gov

Question 1: Check the appropriate box to indicate whether the vessel or the ballast water treatment system experienced any malfunction or unexpected situation (For example - UV bulbs burned out) that may have impacted the treatment of ballast water to be discharged at this arrival port.

- If Yes is selected, enter the date or dates (DD/MM/YYYY) when the problem occurred, describe the problem (malfunction) and how (if applicable) the situation was resolved.
- If No is selected, proceed to Question #2.

Question 2: Provide information about each ballast water tank that underwent treatment and was subsequently discharged into California waters during this port visit. Do not submit information on tanks that were not discharged into California waters.

TANK

Please list **all tanks and holds** that you have discharged into California waters. Follow each tank across the page listing all source(s), discharge and treatment events separately.

List each tank on a separate line. Use an additional page if necessary, being careful to include IMO number at the top of the second page (if necessary).

For tanks with multiple sources: List each source on a separate line.

BW SOURCE

Date: Report date of ballast water uptake (DD/MM/YY).

Port or latitude/longitude: Report location of ballast water uptake. **No abbreviations for ports.**

Volume: Report total volume of ballast water uptake, **with volume units.**

BW DISCHARGE

Date: Record date of ballast water discharge (DD/MM/YY).

Port or latitude/longitude: Report location of ballast water discharge. **No abbreviations for ports.**

Volume: Report volume of ballast water discharged, **with volume units.**

BW TREATMENT

Date of 1st treatment: Indicate the date (DD/MM/YY) when ballast water treatment was initiated for that tank. If treatment occurred over several days, list the day when treatment began.

Date of 2nd treatment: If applicable, provide the date (DD/MM/YY) when secondary ballast water treatment occurred. (For example - If ballast water was treated with UV both on uptake and discharge, put the date of treatment on uptake in the 1st column and the date of treatment on discharge in the 2nd column).

Volume: For each tank to be discharged, report total volume of ballast water treated by the ballast water treatment system, **with volume units.**

Question 3: Enter the responsible officer's name and title.